

DEC 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40801

1. PLACE OF DEATH

County Caldwell
Township Hamilton
City Hamilton (No.)

Registration District No. 96
Primary Registration District No. 5742

File No.
Registered No. 29
St. Ward

2. FULL NAME Arvilla Wells

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER, FATHER 13. NAME John Robinett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Musking Co. Ohio

15. MAIDEN NAME Martha Humphrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Musking Co. Ohio

17. INFORMANT Mrs. Charles Gossett (ADDRESS) Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE Nov. 30, 1937

19. UNDERTAKER Bran & Sons (ADDRESS) Hamilton, Mo.

20. FILED Nov 30, 1937 Mark Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1937, to Nov. 28, 1937

I last saw h. Nov. 28, 1937 Death is said

to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 1935

Uremia Nov. 27

Other contributory causes of importance: 13

Arterio-Sclerosis 1934

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. M. Daley, M. D.

(Address) Hamilton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

